North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services

Quarterly Report

By

The Customer Service and Community Rights Team

Advocacy and Customer Service Section

October to December 2007

Introduction

The purpose of this report is to summarize the contacts made to the Customer Service and Community Rights (CSCR) Team during the second quarter of the 2007/2008 fiscal year which includes the months of October, November and December 2007. The CSCR Team is one of three teams in the Advocacy and Customer Service (ACS) Section of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). This team facilitates informal resolutions to complaints and grievances by consumers of public services, family members and advocates either directly or in collaboration with LME Customer Service Offices and assists individuals and families in accessing public services throughout the state.

Contacts, or cases, consist of calls, letters and e-mails received by the CSCR Team. The content of the cases can vary widely but all have some relationship to the public mental health, developmental disability and substance abuse (mh/dd/sa) service delivery system in North Carolina.

The following is a summary of and information about the types of contacts received by the CSCR office during this quarter. The intent is to provide an overview of the cases the CSCR team addressed during the second quarter of the 2007/2008 fiscal year and to provide relevant discussion about the data reported. The following topics are included in this report:

- The types of contacts,
- Time frames for resolution of the contact,
- How the contacts were resolved,
- The types of issues reported,
- The Local Management Entity (LME) associated with the contact,
- The source of the contact and
- The age, disability group and funding source associated with the contact.

This report is consistent in content with the previous quarterly reports. This report reflects the current LME structure in the state. To review the data from previous fiscal years, please refer to the reports posted on the DMH/DD/SAS web site, www.ncdhhs.gov/mhddsas.

This report attempts to provide accessible and useful information for a variety of stakeholders. It is designed to give a snapshot of the contacts made to the CSCR Team. We welcome any comments and suggestions. [1]

[1] Please contact Cindy Koempel at Cindy.Koempel@ncmail.net or Stuart Berde, Team Leader at Stuart.Berde@ncmail.net. We may be reached by phone at (919) 715-3197.

Summary of Significant Conclusions

- The CSCR Team received 560 contacts during the second quarter of the 2007/2008 fiscal year. The majority of the contacts were for information about and referral to resources and services. We are working to increase the contacts through several MH/DD/SAS strategic plan efforts to inform and educate residents of North Carolina about the publicly funded service system. The recently completed Consumer Handbook contains information about client rights and how to contact the CSCR Team for assistance and is designed improve public awareness.

- The majority of issues in the contacts were resolved the same day they were received. Overall, longer resolution time is directly related to the complexity of issues received. Level III incident reports typically require more time. A Level III incident is a serious adverse event involving a person receiving publicly-funded MH/DD/SA services. Complaints and Information/Referrals can differ in complexity with some requiring many levels of follow up from the CSCR Team including consultation with other DHHS staff, local assistance and support to the individual making the contact.

- CSCR staff resolved 30% of the contacts in this quarter. Thirty-one percent of the contacts were resolved by referral to another state or local agency, 28% were resolved by referral to the LME Customer Service Office and no contacts resulted in an investigation by the CSCR Team. An investigation requires established jurisdiction. Often, complaints about rights refer to issues that are unethical but not addressed in North Carolina Administrative Rule or any other laws or ethical codes of conduct applicable to the current provider labor pool in North Carolina. North Carolina Administrative Rules containing code of ethical conduct for all mental health providers in North Carolina may be an avenue to give the CSCR team jurisdiction to investigate and provide findings for these types of complaints.

- A majority of the contacts pertained to assistance to families (154), technical assistance (124) and access to services (68). Many contacts from family reflect confusion about the system, issues related to obtaining care for a loved one and/or questions about rights. Technical assistance is given to providers and LME staff seeking guidance in many areas such as how to find information, administrative rule questions and procedural issues related to the provision of services. This type of contact reflects the rapid changes occurring in the system related to transformation and an ongoing need for guidance from DMH/DD/SAS. Residents continue to express confusion about how to access services locally thereby highlighting the need to educate and inform local communities about the LME access and crisis services functions.

- The number of contacts associated with an LME is related to the LME's population rank. Wake Human Services was associated with the highest number of contacts and the Durham Center was associated with the lowest number of contacts. We hope to see the numbers for all LMEs increase as this would be an indication that people

know how to file a complaint and/or obtain needed information and feel empowered to do so.

- During this quarter, someone close to the consumer (family, friend or guardian) initiated 37% of the contacts while 16% of the contacts were initiated by the consumers themselves. The data reflects a rather small number of consumers contacting the CSCR team. One objective of the DMH/DD/SAS strategic plan is to inform consumers of how to contact the CSCR team in an effort to increase this number.

- A majority of the contacts to the CSCR Team apply to the Mental Health disability group.

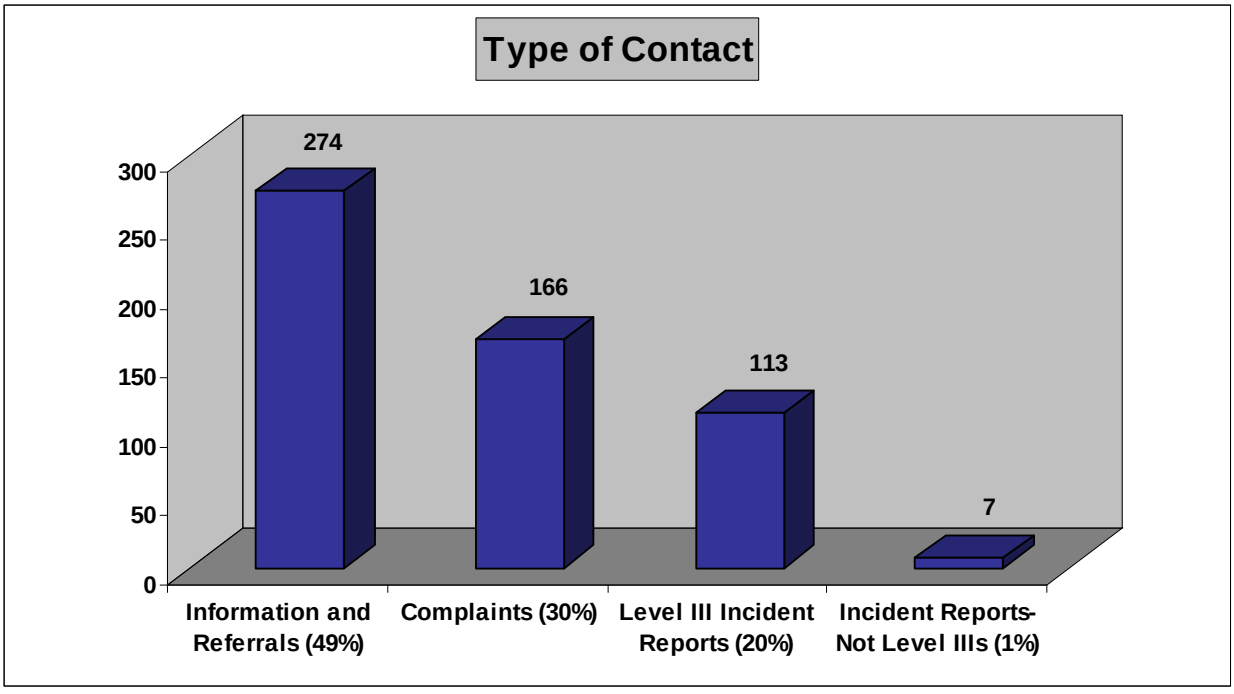
- Contacts associated with services for adult consumers accounted for 336 (or 60%) of the 560 total contacts during the first quarter.

- Fifty eight percent of the contacts were associated with Medicaid funded services.

Types of Contacts

The CSCR Team received a total of 560 contacts during the second quarter of the 2007/2008 fiscal year. The chart below illustrates how many of each type of contact the CSCR team received. The contacts are categorized by the CSCR Team in the following ways:

- **Information and Referrals** are contacts in which the CSCR Team provides information and refers the person involved to the best resource to meet the need.
- **Complaints** are any expression of dissatisfaction. The CSCR Team often incorporates some form of education or technical assistance in response to complaints.
- **Level III Incident Reports** are reviewed by the CSCR Team in a Quality Management capacity following the administrative rule (10A NCAC 27G.0604). The CSCR Team provides a division level review of the incident.
- **Incident Reports – Not Level IIIs** are incident reports that were submitted that did not meet the definition of Level III, but did require technical assistance from the CSCR Team or LME.
- **Investigations** are formal inquiries into allegations of violation of law, rule or policy in a community program. Investigations are often completed with other regulatory teams within DHHS and/or the LME provider monitoring and customer service offices. There were no investigations completed by the CSCR team this quarter.



Resolution/Response Time

The CSCR Team works to resolve contacts as efficiently as possible. Our goal is to facilitate a resolution the same day the contact comes to the team. A contact is considered "resolved" at the point where the CSCR Team has assisted in every way possible within the DMH/DD/SAS system. Often issues are resolved when the CSCR Team offers the most appropriate referral and/or information and gives the case to the appropriate local or state agency for action.

The table below summarizes the CSCR Team's resolution timeframes in the quarter. The most frequent response time for all contacts is the same day the contact came to the CSCR office. Some contacts are more complex and require more time to resolve.

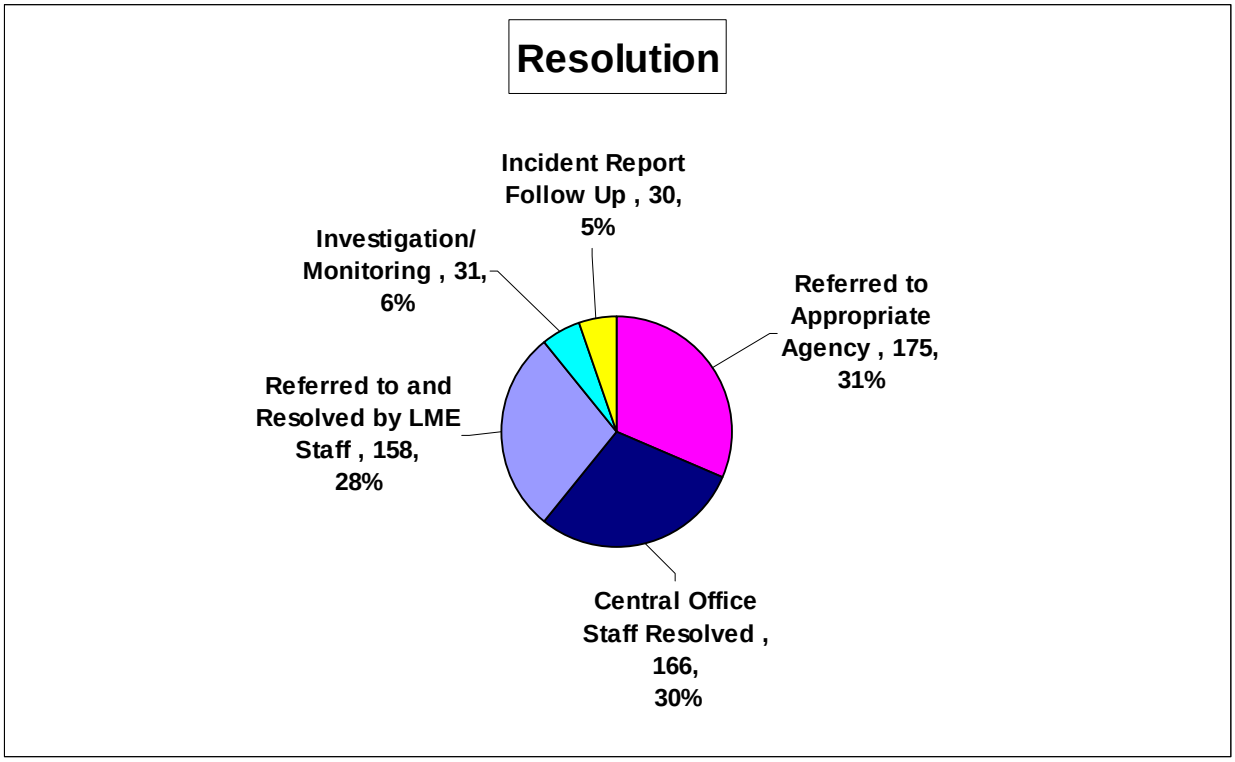
The mean or average response time for all contacts, including investigations, is 5 days with the range between 1 day and about 4 1/2 months. The CSCR Team reviews all Level III incident reports to ensure complete information and make suggestions regarding follow up. The longer time frame is inherent in the nature of Level III incidents and increases the mean resolution time for all the contacts. For example, a provider submitting an incident report may not have immediate access to complete information regarding the incident. The mean time to resolve for Level III incident reports is 14 days.

As noted in the table below, the maximum time taken to resolve a complaint was approximately 2 1/2 months and the maximum time taken to resolve information and referral contacts was 1 1/2 months. Some contacts require consistent effort and collaboration with many resources to resolve. While the CSCR Team strives for efficiency, the quality of the response is what is most important.

Resolution/Response Time				
	Mean	**Most Frequent**	**Min**	**Max**
All Contacts	5 Days	Same Day	Same Day	133 Days
Complaints	5 Days	Same Day	Same Day	82 Days
Information and Referral	2 Days	Same Day	Same Day	46 Days
Level III Incident Report	14 Days	Same Day	Same Day	133 Days

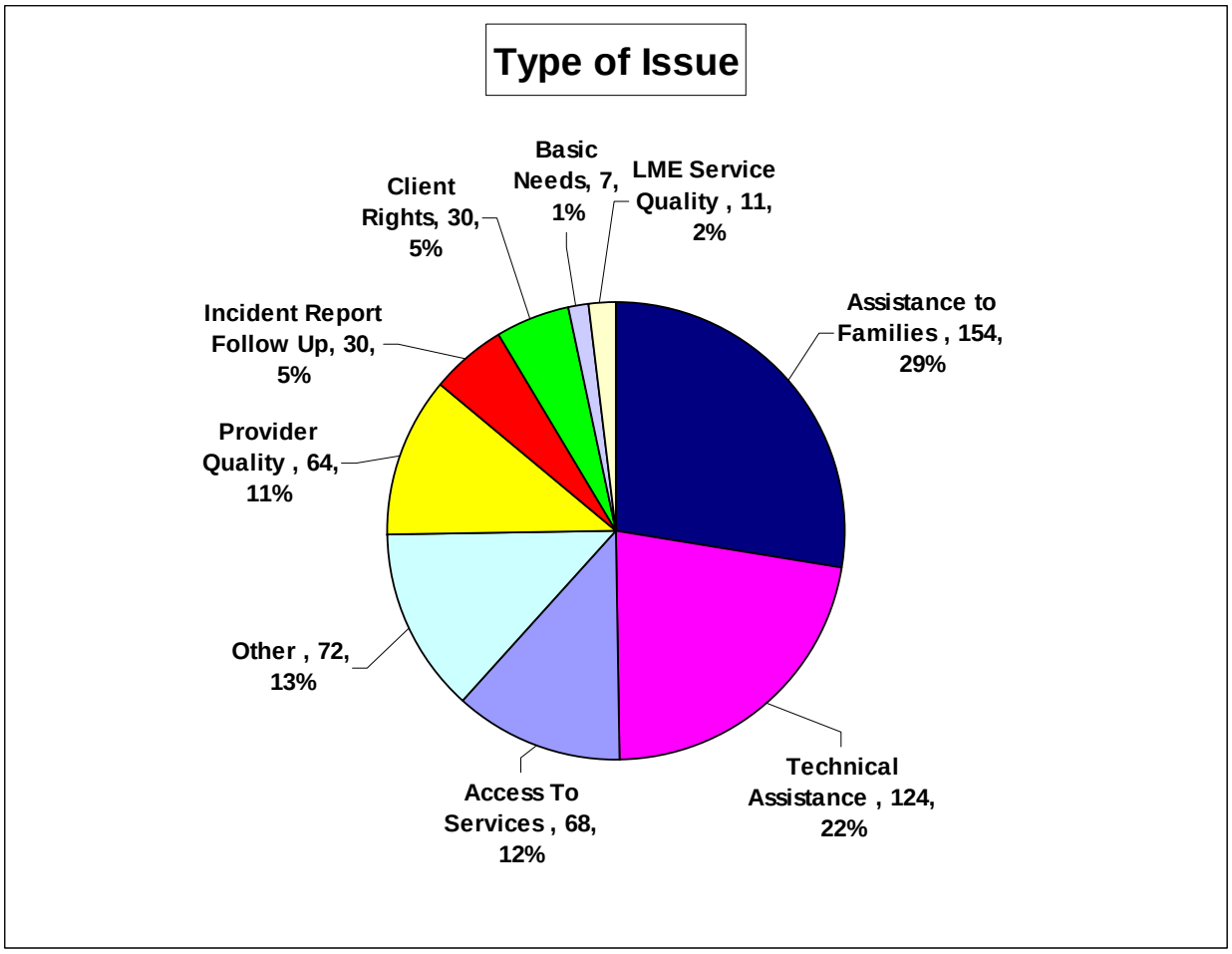
Resolution Pattern

The CSCR Team maintains collaborative relationships with many agencies in order to resolve issues. During this quarter, 30% of the contacts were resolved directly by the CSCR Team. We strive to provide customer service to all contacts regardless of whether the issue is related to DMH/DD/SAS. Because the CSCR Team members are familiar with many resources, the CSCR Team members referred individuals to the appropriate resource or agency in 31% of the total cases. When contacts require local assistance and expertise, as in 28% of the contacts during the quarter, the CSCR Team involves the LME customer service office to resolve the issue. Certain contacts lead to investigations or monitoring of a provider by the LME or another regulatory agency. During this quarter, 31 contacts required referral for investigations. The chart below illustrates the resolution pattern:



Type of Issue

Contacts are categorized by types of issue by the CSCR Team. Contacts regarding "Assistance to Families" accounted for 29% of the total this quarter. Contacts of this type reflect the needs of families coping with mental illness, substance abuse and/or developmental disability issues including assistance with accessing services, support, information and avenues to provide input to the DMH/DD/SAS system. The CSCR Team provides technical assistance to LMEs, providers and to individuals with issues regarding Medicaid. Contacts regarding "Technical Assistance" accounted for 22% of the contacts this quarter. The CSCR Team assists providers with answers to questions and acts as a liaison between private providers and other professionals within both the Department of Health and Human Services and the DMH/DD/SAS. Furthermore, the CSCR Team gives a voice to concerns from all stakeholders including providers. The issues and trends gleaned from these discussions inform policy makers on a daily basis, including the CSCR Team Leader, the ACS Section Chief and the various work groups and committees that facilitate mental health transformation.



Local Management Entity (LME) Associated

The table below categorizes the contacts received by LME catchment area. It should be noted that a high number of contacts from a particular LME does not necessarily reflect LME quality or lack of quality. In fact, a high volume likely indicates higher population size and consumer knowledge of how to file a complaint. The chart below illustrates that, generally, LMEs with higher populations have more contacts.

The ACS section is committed to empowering consumers to speak up about their concerns and treatment in the DMH/DD/SAS system. Future education and information sharing efforts will likely increase the numbers of contacts to this office. This increase would be a positive indicator that people know how to file a complaint and/or obtain needed information and feel empowered to do so.

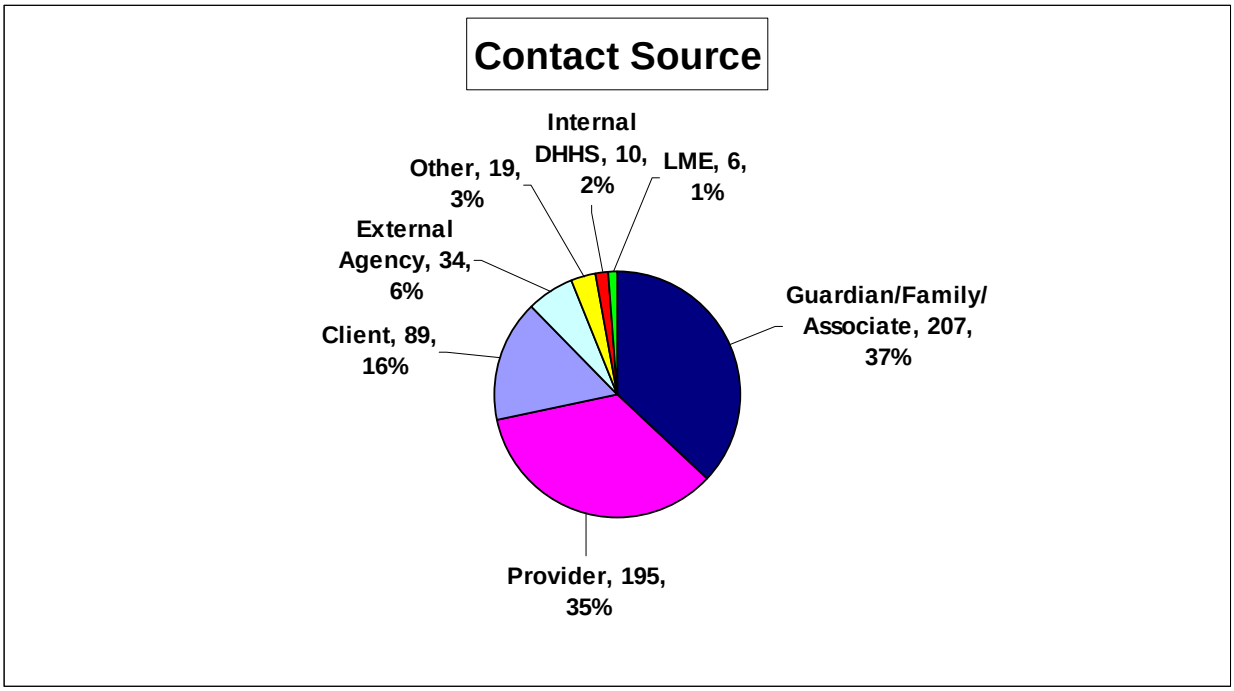
Local Management Entity	# of Contacts	July 1, 2007 Population	Population Rank
Wake	46	807,934	2
Western Highlands	36	491,778	5
Mecklenburg	32	842,622	1
Pathways	26	366,695	9
Sandhills	24	531,311	4
Piedmont	23	685,297	3
Cumberland	22	307,463	12
Guilford	20	455,137	6
Albemarle Mental Health Center	18	185,470	23
Eastpointe	17	294,695	13
Smoky Mountain Center	16	352,858	10
Southeastern Center	15	334,637	11
The Beacon Center	14	244,632	18
East Carolina Behavioral Health	14	387,943	8
Orange-Person-Chatham	14	221,571	22
Five County	13	231,946	20
CenterPoint Human Services	13	423,441	7
Crossroads	13	259,341	14
Southeastern Regional	12	256,034	16
Catawba	10	241,685	19
Onslow-Carteret	8	223,377	21
Alamance-Caswell-Rockingham	7	258,370	15
Johnston	6	155,874	25
Foothills	5	160,173	24
The Durham Center	1	248,516	17

Contact Source

Contacts to the CSCR Team may be initiated by anyone. However, North Carolina and federal confidentiality laws and regulations require that follow up communications be redirected to consumers and/or the legal guardian. This is especially true when contacts are initiated by someone other than the consumer, his/her legal guardian or someone the CSCR Team does not have permission to work with from the consumer or guardian.

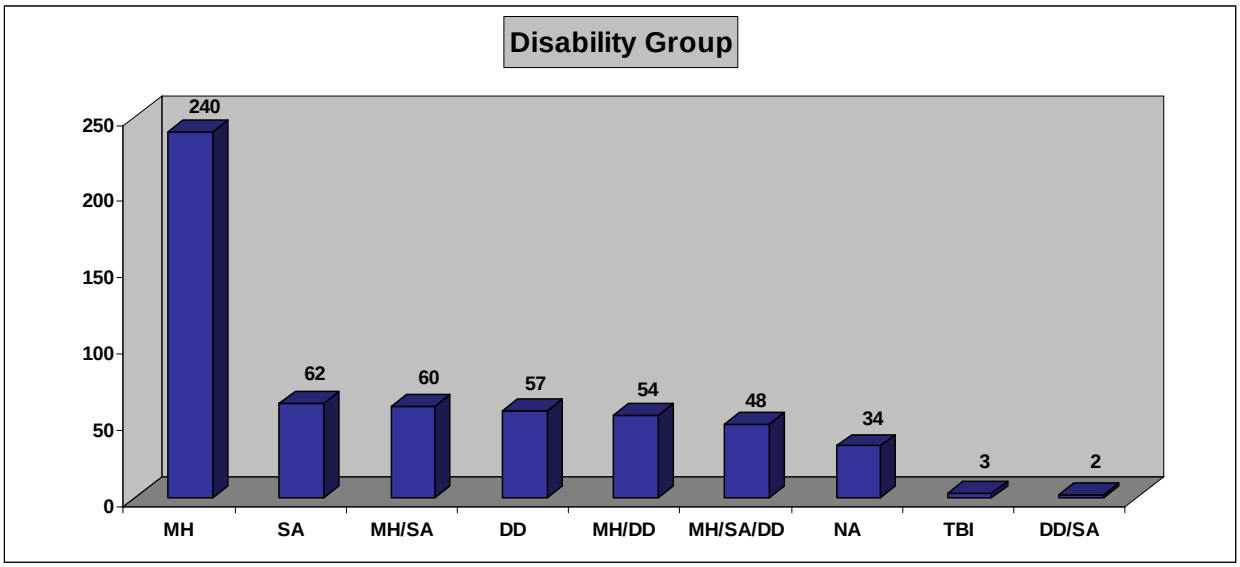
During this quarter, someone close to the consumer (family, friend or guardian) initiated 37% of the contacts while 16% of the contacts were initiated by the consumers themselves. Often, the original contact may come from a relative or friend and this leads to further contact with the consumer.

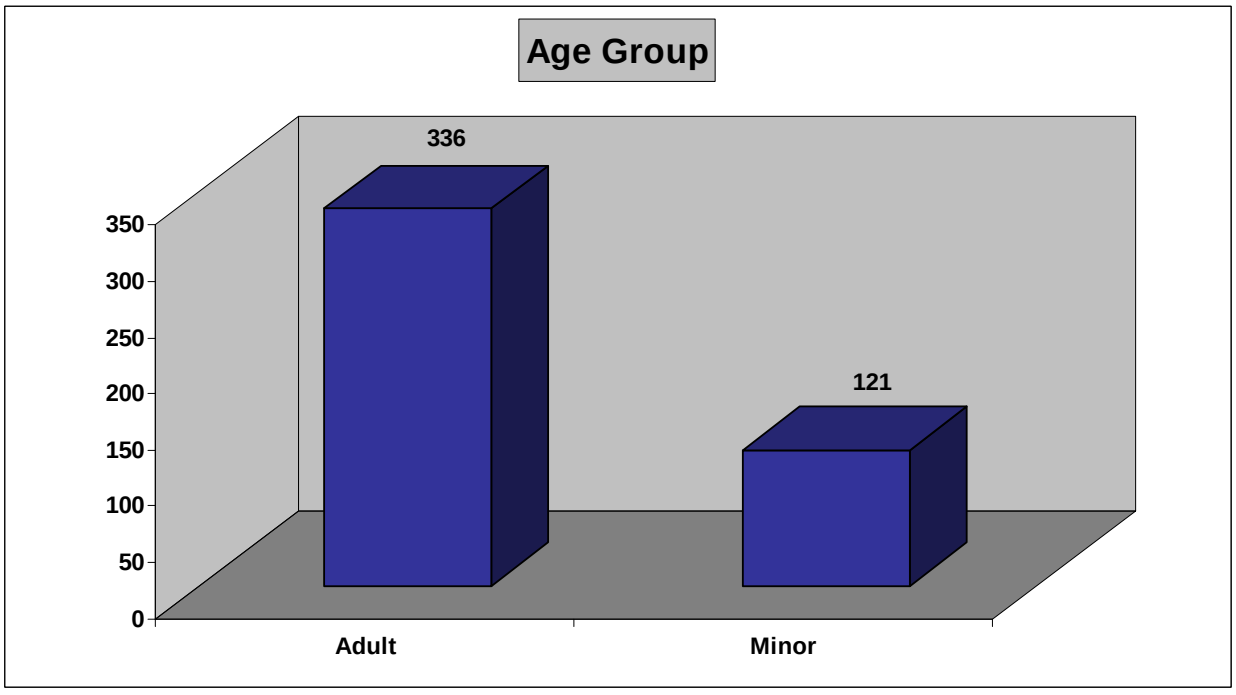
Providers accounted for 35% of the cases brought to our attention. Providers contacting the CSCR Team typically do so for technical assistance and information. In this role, the CSCR Team provides the information requested or acts as a liaison between the provider and the DMH/DD/SAS section(s) that can best be of assistance. The chart below illustrates the different contact sources:



Disability and Age Group

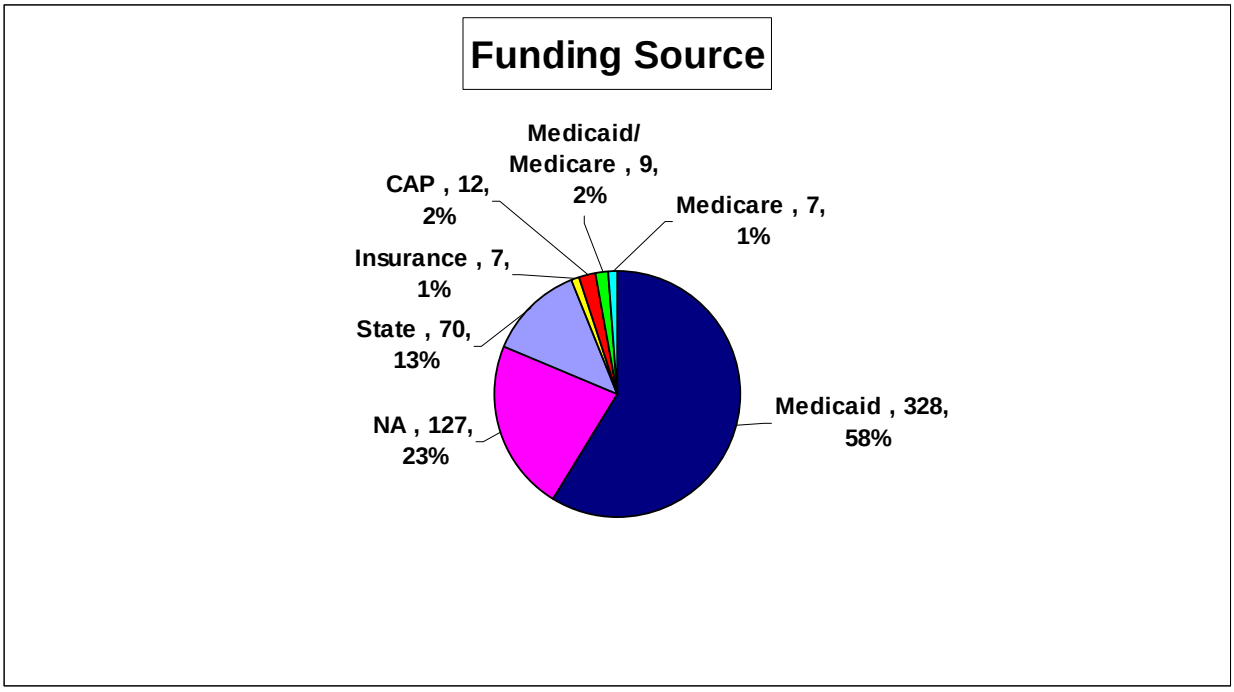
A majority of the contacts received by the CSCR Team are associated with a certain disability group. The column "NA" represents contacts that did not fall into any particular disability group. These contacts are usually outside the DMH/DD/SAS system. In such cases, the CSCR Team attempts to assist by linking people to the agency or resource needed. As can be noted on the graph, a majority of the contacts relate to the Mental Health (MH) disability group. Consistent with previous reports, most contacts during this quarter involved adult consumers. (Please note: one hundred and three contacts were not related to a specific age group and are not reported on the graph below.)





Funding Source

The CSCR Team tracks the funding source associated with each contact. The funding source refers to the consumer's source of payment for services in the system. Our office is charged with ensuring rights protections of consumers in publicly funded MH/DD/SA services. As can be seen in the chart below, over half of the contacts (58 %) were associated with regular Medicaid funds while state funded service issues accounted for 13% and the CAP Medicaid Waiver services accounted for 2%. Twenty three percent (23%) of the issues brought to our attention were not associated with a funding source. This is most often the case when the contact involves providing technical assistance or is about an issue outside of the DMH/DD/SA system.



Conclusion

The descriptive data presented in this report are intended to provide all stakeholders with an overview of the contacts the CSCR team received during the second quarter of FY 2007/2008. It may be noted that the report covers broad, general categories of data. More specific issues are not included in the descriptive data as they are too narrow to report in this manner. However, the CSCR team often notices trends in the contacts they are receiving on a daily basis and report these trends to the CSCR team leader, the ACS section chief and to relevant DMH/DD/SAS groups. Examples of such issues include concerns about the state hospitals, consumer choice of provider, self-direction in person centered planning, concerns about the Medicaid Appeal process and concerns about the availability of community placements for "hard to place" children and adults.

The lack of investigations by the CSCR team reflects the current absence of a code of ethics applicable to the work force providing mental health services in North Carolina. The CSCR team includes investigators with the training and experience to conduct investigations when jurisdiction can be established. However, no code of ethical conduct exists to cover many of the complaints that the team receives regarding the practice and behaviors of agencies and their employees. Division committees are creating competency standards for Qualified and Associate Professionals including an element regarding ethical practice standards.

Residents of North Carolina are encouraged to contact DMH/DD/SAS to provide valuable feedback about the community programs and services in our system. One objective of the DMH/DD/SAS strategic plan is to provide consumers with information about how to contact their LME and the CSCR team to file a complaint, obtain information or give feedback and make suggestions. The CSCR team continues to work collaboratively with the LME customer service offices. We hope that through consumer education we can work together to empower those involved in services to contact us with concerns, questions and suggestions.